Local Drug Control Strategies

CARNEVALE ASSOCIATES LLC

Information Brief

Designing a Local Drug Control Strategy

Overview

Cities like Washington D.C. (the District) and Rochester, New York are addressing their substance abuse problems in an advanced way, by combining strategic planning with performance measurement to develop comprehensive, balanced plans to reduce drug use and its consequences. Both cities were challenged with finding a process that would integrate political, policy, and resource interests and encouraging long-term commitment among those interests to develop a strategy for their respective city. Both the District and Rochester adopted a similar process for developing comprehensive, balanced plans that included treatment, prevention, and law enforcement working together to achieve long-term results.

Systems Approach

The District and Rochester conceived their strategies in systemic terms. This means that they linked together the basic elements of their local drug control activities—prevention, treatment, and law enforcement—to form a unified approach to combat their respective substance abuse problems. Key community stakeholders, representing law enforcement, health and social service agencies, and community-based organizations came together to conduct needs assessments. They then formulated strategies to address needs, implement programs, and monitor program performance.

Each city used prominent local leaders to manage their approach. In the District, the mayor created an interagency task force in 2001 that was chaired by the director of the District's single state substance abuse agency and co-chaired by the chief of police. The District released its strategy in 2003. In Rochester, the chief of police managed its strategy formulation process starting in 2001. Rochester released its strategy in 2002.

Focused Process

Both cities adopted a performance-based planning process that is summarized in the March/April 2005 edition of *Public Administration Review*.[1] Figure 1 depicts the essentials of that process. It began by identifying and bringing together the community of stakeholders inside and outside of government who had program and policy interest in reducing their local substance abuse problem. Meetings were held in which stakeholders assessed the nature and extent of the substance abuse problem, set priorities, and developed a shared vision about desirable long-term outcomes. This shared vision was eventually expressed in strategic terms in each city's substance abuse strategy.

In the District, stakeholders also worked to estimate the total amount of drug

Figure 1

Four Components of Each City's Process
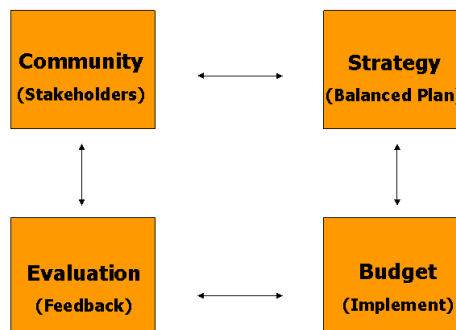
control spending in treatment, prevention, and law enforcement. The purpose of this exercise was twofold: to identify and assess the adequacy of existing drug control programs for addressing strategic requirements and to identify other programs and policies that might be required to effectively implement their plans. This was a difficult task.

Quick Facts

- The human and financial costs of substance abuse in the District are enormous, totaling approximately $1.2 billion every year in a city of nearly 600,000 residents.

- The District's strategy targets addiction and youth substance abuse with the goal of reducing social costs by $300 million per year by 2010.

- Over 55,900 District residents representing 11.5 percent of the District's household population reported using an illicit drug on a past month basis.

- The Rochester strategy targets drug-related crime, addiction, and youth drug use.

- Eighty-four percent of the Rochester murder cases for the years 2000 and 2001 could be linked to drugs.

- The Rochester and District substance abuse strategies focus on all illicit drug use as well as underage alcohol and tobacco use.

1 Simeone, Ronald, Carnevale, John, Millar, Annie, "A Systems Approach to Performance-Based Management: The National Drug Control Strategy," *Public Administration Review*, March/April 2005, pp. 191-202.

Accounting for government expenditures for substance abuse programs presented many challenges. First, substance abuse programs represent a wide array of efforts that encompass many agencies. Second, substance abuse activities are often imbedded within other programs and are not identified as separate line items in agency budgets. As a result, these efforts do not have specific dollar amounts attached to them, which means that they must be estimated using specialized techniques.

Finally, in the case of the District, the federal government has assumed responsibility for certain aspects of its local services (portions of criminal justice and treatment programs have been federalized). District stakeholders decided to include those federal programs and expenditures supporting local substance abuse services.

Strategy Nomenclature

There are no hard and fast rules about structuring a substance abuse strategy. A strategy is in essence a straightforward, but carefully crafted plan to achieve some specific result. Each city specified early on in their processes how they wanted to define terms for goals, objectives, and performance targets and measures.

Figure 2 shows the language structure they adopted. Each city used a common approach. Goals were used to define broad lines of program activity or major directions. For example, Rochester established a goal to reduce drug homicides and violence. Each goal included supporting objectives that defined major or critical lines of action to support a goal, In Rochester's case, it established four supporting objectives such as "disrupt and shrink existing drug markets" for reducing drug homicides.

Each city defined performance targets as the desired end state or outcome to be ultimately achieved by the successful implementation of a strategy. Performance measures defined the data, variables, and events used for the performance target.

Figure 2

Strategic Framework

Goals define the major directives or directions of the strategy.

Objectives define major lines of action to achieve the desired goal.

Targets define desired end-states with which to compare actual performance. Outcome or impact *targets* reflect progress toward *strategy* goals; other targets may show progress toward objectives.

Measures represent information (data and events) for the targets.

For example, the District established a broad goal for treatment to "develop and maintain a continuum of care that is efficient, effective, and accessible" to individuals needing treatment. This goal was supported by numerous objectives, one of which was to increase treatment system capacity. It established a performance target to reduce by 2010 the number of addicted individuals by 25,000 from a 2000 baseline estimate of 60,000 addicts. The performance measure was based on household survey data.

Results

Each city's strategic plan has demonstrated some initial success in achieving results:

- Rochester is making substantial progress in reducing drug-related crime. Between 2003 and 2004, the number of homicides in Rochester declined by 30 percent.

- The District is making some progress toward its goal of reducing the number of individuals dependent on or abusing alcohol or illicit drugs. An estimated 57,000 residents remained dependent on alcohol or illicit drugs or abused them in 2003. The District intends to reduce the number of addicts to 35,000 by 2010.
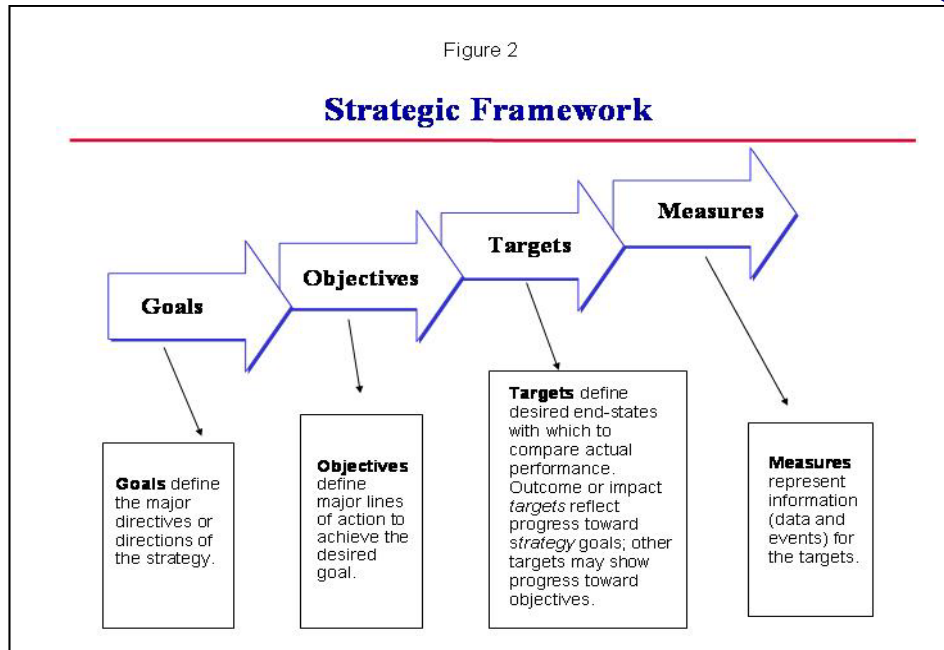
- Crime is down in the District as well. During the first 12 months of its "Hot Spots" initiative, the level of reported crime in its 14 hot spots declined 22 percent—violent crime declined 34 percent.

Conclusion

With their performance-planning process, the District and Rochester were able to successfully develop comprehensive, balanced plans to respond to their respective substance abuse problems. Each city's carefully crafted process involving multiple sectors of their communities ensures a balanced approach and is demonstrating some success. Other cities desiring to formulate comprehensive and balanced substance strategies would be well advised to learn from these efforts.

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